
Supporting New Hampshire Youth, Moving Toward a Healthier Future

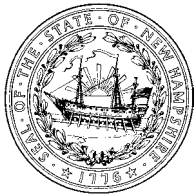
New Hampshire's Adolescent Health Strategic Plan

EXECUTIVE SUMMARY

"The Youth of a Nation are the Trustees of Posterity."

BENJAMIN DISRAELI (1804-1881)

Sybil: Or, The Two Nations, 6.13, 1845



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Introduction

Suicide and unintentional injury, substance and tobacco use, and reproductive health are all significant health issues for our state's youth. Socioeconomic, geographic, and increasing ethnic diversities in New Hampshire's population are resulting in divergent adolescent health care needs as well. Preparing the youth of today to be healthy and productive citizens of the future requires the efforts of all segments of our society; government, business, healthcare, education, parents and teens themselves must all play a role. New Hampshire takes pride in being a national leader in quality of life for its citizens. To provide for the continuance of these values, we must work together to provide for the well-being of our youth.

The Planning Process

A comprehensive planning process was undertaken to arrive at this understanding of adolescent health. The objectives were to investigate morbidities and mortalities, examine existing systems, and develop recommendations to improve adolescent health. Recommendations were developed after available data and input about our adolescent's needs were examined in the context of national recommendations for ensuring adolescent health, research on adolescents and their development, and commonly accepted theories about effective approaches to working with youth and their families. The result is a framework of recommendations and objectives that provides structure and focus to efforts toward improving adolescent health in New Hampshire.

The Centers for Disease Control and Prevention (CDC) and other federal agencies classify 20-24 year olds as adolescents because their health needs are similar and their service needs may be even greater than younger youth (Office of Disease Prevention and Health Promotion, US Department of Health and Human Services). This publication joins the National Initiative to Improve Adolescent Health by the Year 2010 in taking the more inclusive approach, and includes youth from 10-24 years of age in these considerations.

Development during Adolescence

Adolescence is a critical period for establishing lifelong habits and an important time for caring adults and communities to assist youth in establishing health-promoting behaviors (Call et al., 2002). The biological, cognitive, and social development of adolescence provides the foundation for adult experiences, skills, and responsibilities. Changes during adolescence provide new risks and opportunities for youth as they work to adapt to their changing bodies, establish a sense of self, become capable of more complex and critical thinking, function more independently, expand their knowledge, and participate in more challenging, and sometimes risky, activities. For some youth, adolescence is complicated by poverty, lack of a stable family life, learning difficulties, or lack of access to quality health care.

One approach to improving adolescents' well-being is to reduce risk factors while increasing protective factors. Protective factors promote competence and adaptation and help adolescents deal with stressful life events and resist unhealthy activities (Boganschneider, 1996). Risk factors are associated with an increased possibility of engaging in unhealthy behavior. The resiliency that comes from having more protective factors and fewer risk factors can help adolescents deal with life's challenges. Positive youth development perspectives purposefully

seek to meet the developmental needs of youth and build skills and competencies (Pitman, Irby, Tolman, Yohalem, & Ferber, 2001; McLaughlin, Irby, & Langman, 1994).

Adolescent Health: Issues and Data

Issues and data relating to the health of adolescents were examined in the areas of socioeconomic status, health care access and availability, oral health, physical activity and diet, mental health, injury, alcohol, tobacco and other drug, reproductive health, school achievement, and environmental health.

- Adolescents comprise 20% of New Hampshire's total population; nearly 263,000 New Hampshire residents are between the ages of 10 & 24 (US Census, 2000).
- New Hampshire is ranked 9th highest in the nation for the prevalence of Children with Special Health Care Needs (Van Dyck et al., 2002).
- More than 1 out of every 14 children under age 18 (7.3%) are living in poverty in New Hampshire (US Census Bureau, 2000).
- A majority of New Hampshire's youth aged 12-19 have access to and receive well-child care (Office of Planning and Research, NH DHHS, 2001) and 60% of youth enrolled in the New Hampshire Healthy Kids Program attend well-child visits (Shenkman, 2002).
- Forty-two percent of those ages 10-14, 36% of those ages 15-18, and 31% of those ages 19-20 received Medicaid Early Periodic Screening Diagnosis and Treatment health maintenance services (Office of Health Planning and Medicaid, NH DHHS, 2003).
- Ambulatory Care Sensitive Conditions are health problems, such as asthma, diabetes and epilepsy, where receiving appropriate primary care services can prevent inpatient hospitalizations. The 20-24 year age group in the counties with the fewest primary care providers seems to be most at risk for hospital admissions of ACSC.
- During 2002, 49% of children and adolescents between the ages of 1 and 20 who were enrolled in Medicaid were seen by a dentist (Office of Health Planning and Medicaid, NH DHHS, 2004).
- In the School Health Services Report (New Hampshire Department of Education, 2001), participating schools reported a wide array of psychiatric diagnoses among students such as emotional disorders (2.2%), pervasive developmental disorders (3.3%), other psychiatric or behavioral disorders (2%), attention deficit disorder or attention deficit hyperactivity disorder (3.5%), mental retardation (0.8%), and developmental/learning disorders (2.2%).
- According to the 2003 New Hampshire Youth Risk Behavior Survey [NH YRBS], more than a third of surveyed young people in grades 9–12 did not regularly engage in vigorous physical activity and 26% reported watching three or more hours of television on the average school day.

- According to the 2001 NH YRBS¹ (question not asked in 2003), only 31% of the students surveyed ate vegetables other than green salad one or more times per day during the past seven days (24.3% males; 36.8% females).
- Injuries are the leading cause of death and disability to teens in New Hampshire. Motor vehicle crash-related injuries and suicide are responsible for 32% and 19%, respectively, of all New Hampshire adolescent deaths in the years 1999 and 2000 combined. Injuries were the cause of approximately 73% of adolescent deaths in 1999 and 2000.
- Mortality rates for New Hampshire adolescents are significantly lower than national rates.
- New Hampshire's rate of 8.7 suicides per 100,000 population of 10 to 24 year olds was slightly higher than the U.S. average: 7.46 deaths per 100,000 for that age group, during the three year period 1999 to 2001.
- Suicide is the second leading cause of injury-related death among adolescents ages 15-24 in New Hampshire, and the third leading cause for 10 to 14-year-olds.
- The 2001 New Hampshire Youth Tobacco Survey found that 31% of high school students were current users of some form of tobacco (Tobacco Prevention and Control Program, OCPH, NH DHHS, 2001).
- Thirty-three percent of the students surveyed by the Teen Assessment Project (2001) had had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days.
- According to calculations from the US Substance Abuse and Mental Health Services Administration, 6,000 New Hampshire youth ages 12-17 are dependent on alcohol or illicit drugs skyrocketing to 18,000 in ages 18-25 (New Futures, 2002).
- The rate of births to teen mothers has declined steadily since 1996, with New Hampshire currently experiencing the lowest teen birth rate in the nation (Ventura, Mathews, & Hamilton, 2002). Approximately 8% of births in New Hampshire are to teen mothers (age 19 or under), approximately 1000 births per year (Lagana, E., Chalsma, A. et al. 2003).
- Of youth participating in the 2003 NH YRBS survey, 42% reported that they had had sexual intercourse and only 56% of those who reported sexual intercourse in the previous 3 months had used a condom during their last sexual intercourse.
- Chlamydia rates are increasing among adolescents. Among 15 to 19 year olds, the 2003 rate was 658.7 per 100,000, a 30% increase over the 1999 rate for that age group (Bureau of Communicable Disease Surveillance, NH DHHS, 2004).

¹ Because of inadequate sample size for that year, the 2001 YRBS data is not representative of all New Hampshire youth.

- Asthma is the most prevalent chronic condition in those under age 18 and a major cause of school absenteeism, and hospital visits. Nearly eighteen percent of 18 to 24 year olds surveyed in the 2002 NH BRFSS reported that a doctor, nurse, or other health professional had told them that they had asthma. Youth ages 15 to 24 years have the highest rates of emergency department visits for asthma, of any other age group, but one of the lowest rates of inpatient admissions (Wilson, 2003).
- Environmental tobacco smoke can exacerbate asthma and other respiratory conditions and can be an antecedent to lung cancer. In New Hampshire, 43% of high school students and 39.3% of middle school students live with someone who smokes (NH DHHS, 2001).
- Compared with the national average, fewer New Hampshire youth drop out of school (Annie E. Casey Foundation, 2003). While the percentage of annual dropouts for the 2002-2003 academic year was only 3.8%, the estimated cumulative rate, predicting the percent of current students who will drop out before reaching graduation, is 14.4% (NH DOE, 2004, *Event Dropout Rates*). Of the 5,643 New Hampshire seniors surveyed in 2003 (NH DOE, 2003, *High School Senior Survey*), 48% of males and 60% of females reported plans to attend a four-year college.

Discussions on Adolescent Health

The input of parents, health professionals, state agencies, youth-serving organizations, and youth was obtained through a series of focus groups, interviews, surveys, and questionnaires. Youth valued the opinions of their peers and parents. They were interested in accurate information about issues that concern them. They identified confidentiality as a barrier in seeking health information. Their health priorities included reproductive health issues, alcohol, tobacco and other drug, diet, and exercise. In contrast, youth with special health care needs had a more sophisticated approach to health issues than did their peers. Their priority health concerns often related to their chronic conditions, they were self-sufficient in identifying expert medical sources, and had concerns about transitioning to adult health care. Adults explored root causes of adolescent health issues and recommended changes to address needs. Common themes included the need for: adequate, accessible health care services, including mental health; training for health care providers; available after-school programming for adolescents; interagency coordination of adolescent health issues; objective, unbiased information for adolescents and parents; and improved cultural sensitivity to adolescents.

Guiding Principles

Common to all recommendations is a set of guiding principles reflecting a positive youth development philosophy that depends heavily on families and communities working together to support the well being of all youth:

- ❖ *Adolescence is a developmental period bridging childhood and adulthood.*
- ❖ *All youth are valuable and have the potential to make positive contributions to our society and become healthy adults.*

- ❖ *Social conditions that limit adolescents' opportunities and resources make some youth particularly vulnerable.*
- ❖ *Involving youth as partners enriches our programs and policies and provides opportunities for adolescents to develop new skills and knowledge.*
- ❖ *Early intervention among the environments where adolescents function improves the likelihood of effectively supporting their health and well-being.*
- ❖ *Problem free is not fully prepared.*
- ❖ *Program and policy decisions should be made using research-based evidence.*

Recommendations and Focus Areas

1. Build the capacity of youth to become healthy, productive adults.

- 1.1 Access to health resources*
- 1.2 Youth partnership and leadership*
- 1.3 Reaching out to youth*

2. Target initiatives to address the highest priority adolescent health issues.

- 2.1 Nutrition and physical activity*
- 2.2 Mental health and alcohol, tobacco and other drug*
- 2.3 Reproductive health*
- 2.4 Injury prevention*

3. Increase knowledge about adolescence and positive youth development through education and professional development programs for adults.

- 3.1 Training needs*
- 3.2 Systems of training*
- 3.3 Training resources*

4. Encourage collaborations among those working for and with youth.

- 4.1 Facilitation of collaborations and partnerships*
- 4.2 Collaboration approaches*

5. Improve the responsiveness and availability of health care services to youth.

- 5.1 Health care system refinement*
- 5.2 Access to health care services*
- 5.3 Quality assurance*

6. Help families support the health and well being of their adolescents.

- 6.1 Parenting resources*
- 6.2 Parenting issues*

7. Provide educational environments that prepare all youth for healthy adulthood.

- 7.1 Environment and community connections*
- 7.2 Educational approaches*
- 7.3 Vulnerable Youth*

8. Increase community support for adolescent health.

- 8.1 Nurturing connections*
- 8.2 Assisting community programs*

8.3 Promote positive perceptions of youth

9. Ensure the availability of reliable, useful, comprehensive data about adolescents in New Hampshire.

9.1 Data access and indicators

9.2 Data collection

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To obtain a copy of the complete document, *Supporting New Hampshire Youth, Moving Toward a Healthier Future*, contact

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